

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
CARE COMPLEX	I	14-1323	I FROM 4/ 1/2009	I --AUDITED --DESK REVIEW	I / /
COST REPORT CERTIFICATION	I		I TO 3/31/2010	I --INITIAL --REOPENED	I INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I	I --FINAL 1-MCR CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT

DATE: 8/16/2010 TIME 16:41

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MASSAC MEMORIAL HOSPITAL 14-1323

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	-260,859	-234,140	0
3	SWING BED - SNF	0	-1,989	0	0
9	RHC	0	0	26,685	0
100	TOTAL	0	-262,848	-207,455	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 28 CHICK STREET P.O. BOX:
1.01 CITY: METROPOLIS STATE: IL ZIP CODE: 62960- COUNTY: MASSAC

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	4 5 6
02.00 HOSPITAL	MASSAC MEMORIAL HOSPITAL	14-1323		2/ 1/2003	N 0 0
04.00 SWING BED - SNF	MASSAC MEMORIAL HOSPITAL	14-2323		2/ 1/2003	N 0 N
14.00 HOSPITAL-BASED RHC	MASSAC MEMORIAL MEDICAL CLINIC	14-3478		2/ 7/2006	N 0 N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2009 TO: 3/31/2010

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUCT) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y 2/ 1/2003
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1 2 3 4 0 0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00 0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		
28.03	STAFFING	% Y/N
28.04	RECRUITMENT	0.00%
28.05	RETENTION	0.00%
28.06	TRAINING	0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	Y
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	Y
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
MISCELLANEOUS COST REPORT INFORMATION		
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE N N N
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 210,060 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 5/18/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATAI
I
IPROVIDER NO:
14-1323I PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET S-3
I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	----- I/P DAYS / TITLE V 3	O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	19	6,935	91,303.00		2,643		331
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					529		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	19	6,935	91,303.00		3,172		331
6	INTENSIVE CARE UNIT	6	2,190	3,145.00		114		13
12	TOTAL	25	9,125	94,448.00		3,286		344
13	RPCH VISITS							
24	RURAL HEALTH CLINIC					748		5,317
25	TOTAL	25						
26	OBSERVATION BED DAYS							54
27	AMBULANCE TRIPS					1,281		
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		----- I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	--- INTERNS & RES. FTES --- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			3,621				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			539				
4	ADULTS & PED-SB NF			5				
5	TOTAL ADULTS AND PEDS			4,165				
6	INTENSIVE CARE UNIT			190				
12	TOTAL			4,355				
13	RPCH VISITS							
24	RURAL HEALTH CLINIC			7,740				
25	TOTAL							
26	OBSERVATION BED DAYS		54	463	6	457		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	TITLE XVIII 13	----- TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					646	113	1,061
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
12	TOTAL		160.36			646	113	1,061
13	RPCH VISITS							
24	RURAL HEALTH CLINIC		5.36					
25	TOTAL		165.72					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 28 CHICK STREET
 1.01 CITY: METROPOLIS STATE: IL ZIP CODE: 62960 COUNTY: MASSAC
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

3	COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	GRANT AWARD	DATE
4	MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)	1	2
5	HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6	APPALACHIAN REGIONAL COMMISSION		/ /
7	LOOK-ALIKES		/ /
8	OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9	PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	PHYSICIAN NAME	BILLING NUMBER
10	SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	PHYSICIAN NAME	HOURS OF SUPERVISION
11	DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			800	1630	800	1630	800	1630	800	1630	800	1630		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION).
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1323
II PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		734,661	734,661	352,434	1,087,095
3.01	0301 NEW CAP REL COSTS-BLDG AMBULANCE				24,000	24,000
3.02	0302 NEW CAP REL COSTS-BLDG EKG				14,400	14,400
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		852,753	852,753	185,013	1,037,766
5	0500 EMPLOYEE BENEFITS	100,885	2,353,996	2,454,881		2,454,881
6	0600 ADMINISTRATIVE & GENERAL	1,158,260	1,077,162	2,235,422	-249,939	1,985,483
8	0800 OPERATION OF PLANT	249,875	614,308	864,183	-33,530	830,653
9	0900 LAUNDRY & LINEN SERVICE	38,232	30,058	68,290		68,290
10	1000 HOUSEKEEPING	254,768	62,266	317,034		317,034
11	1100 DIETARY	255,183	164,973	420,156	-174,008	246,148
12	1200 CAFETERIA				173,329	173,329
14	1400 NURSING ADMINISTRATION	486,423	13,241	499,664		499,664
17	1700 MEDICAL RECORDS & LIBRARY	215,352	30,846	246,198		246,198
18	1800 SOCIAL SERVICE	138,173	7,677	145,850		145,850
20	2000 NONPHYSICIAN ANESTHETISTS					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,199,687	225,505	1,425,192		1,425,192
26	2600 INTENSIVE CARE UNIT	194,145		194,145		194,145
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	272,833	232,972	505,805	-136,186	369,619
40	4000 ANESTHESIOLOGY		307,990	307,990	-2,537	305,453
41	4100 RADIOLOGY-DIAGNOSTIC	510,961	478,345	989,306	-3,724	985,582
44	4400 LABORATORY	419,735	575,322	995,057	-37,746	957,311
49	4900 RESPIRATORY THERAPY	293,516	110,942	404,458	-20,559	383,899
50	5000 PHYSICAL THERAPY	348,029	16,543	364,572	-1,749	362,823
53	5300 ELECTROCARDIOLOGY	96,645	171,181	267,826	4,979	272,805
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,465	34,722	100,187	117,790	217,977
56	5600 DRUGS CHARGED TO PATIENTS	205,242	448,896	654,138	-16,021	638,117
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	599,406	526,968	1,126,374	108,749	1,235,123
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	384,510	240,084	624,594	70,225	694,819
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	426,725	96,251	522,976	-24,023	498,953
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		450,612	450,612	-450,612	
90	9000 OTHER CAPITAL RELATED COSTS		26,758	26,758	-26,758	
95	SUBTOTALS	7,914,050	9,885,032	17,799,082	-126,473	17,672,609
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	16,310	8,353	24,663	90,670	115,333
98.01	9801 PROMOTION				35,803	35,803
99	9900 NONPAID WORKERS					
101	TOTAL	7,930,360	9,893,385	17,823,745	-0-	17,823,745

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1323
II PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-104,253	982,842
3.01	0301 NEW CAP REL COSTS-BLDG AMBULANCE		24,000
3.02	0302 NEW CAP REL COSTS-BLDG EKG		14,400
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-21,471	1,016,295
5	0500 EMPLOYEE BENEFITS	-214	2,454,667
6	0600 ADMINISTRATIVE & GENERAL	-92,573	1,892,910
8	0800 OPERATION OF PLANT	-1,804	828,849
9	0900 LAUNDRY & LINEN SERVICE		68,290
10	1000 HOUSEKEEPING		317,034
11	1100 DIETARY		246,148
12	1200 CAFETERIA	-66,042	107,287
14	1400 NURSING ADMINISTRATION		499,664
17	1700 MEDICAL RECORDS & LIBRARY	-990	245,208
18	1800 SOCIAL SERVICE		145,850
20	2000 NONPHYSICIAN ANESTHETISTS		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-88,094	1,337,098
26	2600 INTENSIVE CARE UNIT		194,145
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		369,619
40	4000 ANESTHESIOLOGY	-79,100	226,353
41	4100 RADIOLOGY-DIAGNOSTIC		985,582
44	4400 LABORATORY		957,311
49	4900 RESPIRATORY THERAPY		383,899
50	5000 PHYSICAL THERAPY		362,823
53	5300 ELECTROCARDIOLOGY	-86,024	186,781
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,283	215,694
56	5600 DRUGS CHARGED TO PATIENTS	-4,754	633,363
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-78,021	1,157,102
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC		694,819
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-6,705	492,248
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-632,328	17,040,281
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		115,333
98.01	9801 PROMOTION		35,803
99	9900 NONPAID WORKERS		
101	TOTAL	-632,328	17,191,417

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG AMBULANCE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG EKG	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PROMOTION	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141323	FROM 4/ 1/2009	8/16/2010
	TO 3/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TO RECLASS INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3			387,785
2		NEW CAP REL COSTS-MVBLE EQUIP	4			62,827
3 TO RECLASS CAFETERIA EXPENSE	B	CAFETERIA	12	105,272		68,057
4 TO RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			114,700
5						
6						
7						
8						
9						
10						
11 TO RECLASS MEDICAL SUPPLY EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			122,126
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 TO RECLASS DRUG COSTS	E	DRUGS CHARGED TO PATIENTS	56			679
22 TO RECLASS PROF BUILD COSTS	F	PHYSICIANS' PRIVATE OFFICES	98			54,623
23						
24 TO RECLASS EKG SALARIES	G	ELECTROCARDIOLOGY	53	19,379		
25 TO RECLASS PROFESSIONAL BUILDING CST	J	PHYSICIANS' PRIVATE OFFICES	98	24,379		7,565
26 TO RECLASS REAL ESTATE TAXES	M	PHYSICIANS' PRIVATE OFFICES	98			4,103
27 TO RECLASS ER PHY MALPRACTICE	N	EMERGENCY	61			134,496
28 TO RECLASS AMBULANCE RENTAL EXPENSE	O	NEW CAP REL COSTS-BLDG AMBULANCE	3.01			24,000
29 TO RECLASS SLEEP LAB RENTAL EXPENSE	P	NEW CAP REL COSTS-BLDG EKG	3.02			14,400
30 RHC PHYSICIAN RECRUITMENT	T	RURAL HEALTH CLINIC	63.50			70,225
31 TO RECLASS MARKETING EXPENSES	U	PROMOTION	98.01			35,803
32 A-8 SALARY FOR B-1 PURPOSES	V	ADMINISTRATIVE & GENERAL	6			789
33 TO RECLASS OR EXPENSES	W	OPERATING ROOM	37			2,537
36 TOTAL RECLASSIFICATIONS				149,030		1,104,715

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 see instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
141323	FROM 4/ 1/2009	8/16/2010
	TO 3/31/2010	WORKSHEET A-6

		DECREASE				A-7 REF
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88		450,612	11
2						11
3 TO RECLASS CAFETERIA EXPENSE	B	DIETARY	11	105,272	68,057	
4 TO RECLASS RENTAL EXPENSE	C	OPERATION OF PLANT	8		1,586	10
5		RADIOLOGY-DIAGNOSTIC	41		3,724	
6		LABORATORY	44		36,550	
7		PHYSICAL THERAPY	50		1,045	
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,646	
9		OPERATING ROOM	37		62,837	
10		ADMINISTRATIVE & GENERAL	6		5,312	
11 TO RECLASS MEDICAL SUPPLY EXPENSE	D					
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		690	
13		LABORATORY	44		1,196	
14		OPERATING ROOM	37		75,886	
15		RESPIRATORY THERAPY	49		1,180	
16		EMERGENCY	61		25,747	
17		AMBULANCE SERVICES	65		23	
18		DRUGS CHARGED TO PATIENTS	56		6,101	
19		DRUGS CHARGED TO PATIENTS	56		10,599	
20		PHYSICAL THERAPY	50		704	
21 TO RECLASS DRUG COSTS	E	DIETARY	11		679	
22 TO RECLASS PROF BUILD COSTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		54,386	9
23		NEW CAP REL COSTS-MVBLE EQUIP	4		237	9
24 TO RECLASS EKG SALARIES	G	RESPIRATORY THERAPY	49	19,379		
25 TO RECLASS PROFESSIONAL BUILDING CST	J	OPERATION OF PLANT	8	24,379	7,565	
26 TO RECLASS REAL ESTATE TAXES	M	ADMINISTRATIVE & GENERAL	6		4,103	
27 TO RECLASS ER PHY MALPRACTICE	N	ADMINISTRATIVE & GENERAL	6		134,496	
28 TO RECLASS AMBULANCE RENTAL EXPENSE	O	AMBULANCE SERVICES	65		24,000	10
29 TO RECLASS SLEEP LAB RENTAL EXPENSE	P	ELECTROCARDIOLOGY	53		14,400	10
30 RHC PHYSICIAN RECRUITMENT	T	ADMINISTRATIVE & GENERAL	6		70,225	
31 TO RECLASS MARKETING EXPENSES	U	ADMINISTRATIVE & GENERAL	6		35,803	
32 A-8 SALARY FOR B-1 PURPOSES	V	ADMINISTRATIVE & GENERAL	6	789		
33 TO RECLASS OR EXPENSES	W	ANESTHESIOLOGY	40		2,537	
36 TOTAL RECLASSIFICATIONS				149,819	1,103,926	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 see instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141323PERIOD:
FROM 4/ 1/2009
TO 3/31/2010PREPARED 8/16/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	387,785
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	62,827
TOTAL RECLASSIFICATIONS FOR CODE A			450,612

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	450,612	
		0	
		450,612	

RECLASS CODE: B

EXPLANATION : TO RECLASS CAFETERIA EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	173,329
TOTAL RECLASSIFICATIONS FOR CODE B			173,329

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	173,329	
		173,329	

RECLASS CODE: C

EXPLANATION : TO RECLASS RENTAL EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	114,700
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			114,700

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	1,586	
RADIOLOGY-DIAGNOSTIC	41	3,724	
LABORATORY	44	36,550	
PHYSICAL THERAPY	50	1,045	
MEDICAL SUPPLIES CHARGED TO PA	55	3,646	
OPERATING ROOM	37	62,837	
ADMINISTRATIVE & GENERAL	6	5,312	
		114,700	

RECLASS CODE: D

EXPLANATION : TO RECLASS MEDICAL SUPPLY EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	122,126
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			122,126

DECREASE			
COST CENTER	LINE	AMOUNT	
		0	
MEDICAL SUPPLIES CHARGED TO PA	55	690	
LABORATORY	44	1,196	
OPERATING ROOM	37	75,886	
RESPIRATORY THERAPY	49	1,180	
EMERGENCY	61	25,747	
AMBULANCE SERVICES	65	23	
DRUGS CHARGED TO PATIENTS	56	6,101	
DRUGS CHARGED TO PATIENTS	56	10,599	
PHYSICAL THERAPY	50	704	
		122,126	

RECLASS CODE: E

EXPLANATION : TO RECLASS DRUG COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	679
TOTAL RECLASSIFICATIONS FOR CODE E			679

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	679	
		679	

RECLASS CODE: F

EXPLANATION : TO RECLASS PROF BUILD COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	54,623
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			54,623

DECREASE			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	54,386	
NEW CAP REL COSTS-MVBLE EQUIP	4	237	
		54,623	

RECLASS CODE: G

EXPLANATION : TO RECLASS EKG SALARIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	19,379
TOTAL RECLASSIFICATIONS FOR CODE G			19,379

DECREASE			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	19,379	
		19,379	

RECLASS CODE: J

EXPLANATION : TO RECLASS PROFESSIONAL BUILDING CST

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	31,944
TOTAL RECLASSIFICATIONS FOR CODE J			31,944

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	31,944	
		31,944	

RECLASSIFICATIONS

 PROVIDER NO:
141323

 PERIOD:
FROM 4/ 1/2009
TO 3/31/2010

 PREPARED 8/16/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: M

EXPLANATION : TO RECLASS REAL ESTATE TAXES

LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	4,103
TOTAL RECLASSIFICATIONS FOR CODE M			4,103

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	4,103
		4,103

RECLASS CODE: N

EXPLANATION : TO RECLASS ER PHY MALPRACTICE

LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	134,496
TOTAL RECLASSIFICATIONS FOR CODE N			134,496

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	134,496
		134,496

RECLASS CODE: O

EXPLANATION : TO RECLASS AMBULANCE RENTAL EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG AMBULAN	3.01	24,000
TOTAL RECLASSIFICATIONS FOR CODE O			24,000

COST CENTER	LINE	AMOUNT
AMBULANCE SERVICES	65	24,000
		24,000

RECLASS CODE: P

EXPLANATION : TO RECLASS SLEEP LAB RENTAL EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG EKG	3.02	14,400
TOTAL RECLASSIFICATIONS FOR CODE P			14,400

COST CENTER	LINE	AMOUNT
ELECTROCARDIOLOGY	53	14,400
		14,400

RECLASS CODE: T

EXPLANATION : RHC PHYSICIAN RECRUITMENT

LINE	COST CENTER	LINE	AMOUNT
1.00	RURAL HEALTH CLINIC	63.50	70,225
TOTAL RECLASSIFICATIONS FOR CODE T			70,225

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	70,225
		70,225

RECLASS CODE: U

EXPLANATION : TO RECLASS MARKETING EXPENSES

LINE	COST CENTER	LINE	AMOUNT
1.00	PROMOTION	98.01	35,803
TOTAL RECLASSIFICATIONS FOR CODE U			35,803

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	35,803
		35,803

RECLASS CODE: V

EXPLANATION : A-8 SALARY FOR B-1 PURPOSES

LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	789
TOTAL RECLASSIFICATIONS FOR CODE V			789

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	789
		789

RECLASS CODE: W

EXPLANATION : TO RECLASS OR EXPENSES

LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	2,537
TOTAL RECLASSIFICATIONS FOR CODE W			2,537

COST CENTER	LINE	AMOUNT
ANESTHESIOLOGY	40	2,537
		2,537

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	13,981					13,981	
2	LAND IMPROVEMENTS	1,042,753	175,316		175,316	128,760	1,089,309	
3	BUILDINGS & FIXTURE	19,338,159	503,361		503,361	2,019,833	17,821,687	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	8,749,112	134,306		134,306	1,204,895	7,678,523	
7	SUBTOTAL	29,144,005	812,983		812,983	3,353,488	26,603,500	
8	RECONCILING ITEMS							
9	TOTAL	29,144,005	812,983		812,983	3,353,488	26,603,500	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

		GROSS ASSETS	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
3	NEW CAP REL COSTS-BL	18,924,977		18,924,977	.711372	19,035			19,035
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	7,678,523		7,678,523	.288628	7,723			7,723
5	TOTAL	26,603,500		26,603,500	1.000000	26,758			26,758

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	680,275		283,532	19,035			982,842
3 01	NEW CAP REL COSTS-BL		24,000					24,000
3 02	NEW CAP REL COSTS-BL		14,400					14,400
4	NEW CAP REL COSTS-MV	847,936	114,700	45,936	7,723			1,016,295
5	TOTAL	1,528,211	153,100	329,468	26,758			2,037,537

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	734,661						734,661
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	852,753						852,753
5	TOTAL	1,587,414						1,587,414

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1323
II PERIOD: I PREPARED 8/16/2010
I FROM 4/ 1/2009 I WORKSHEET A-8
I TO 3/31/2010 I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST.
	BASIS/CODE	AMOUNT	COST CENTER	LINE NO	A-7 REF.
	1	2	3	4	5
1	INVST INCOME-OLD BLDGS AND FIXTURES		**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP		**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-104,253	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-16,891	4	11
5	INVESTMENT INCOME-OTHER				
6	TRADE, QUANTITY AND TIME DISCOUNTS				
7	REFUNDS AND REBATES OF EXPENSES				
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS				
9	TELEPHONE SERVICES	A	-9,226	ADMINISTRATIVE & GENERAL	6
10	TELEVISION AND RADIO SERVICE				
11	PARKING LOT				
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-252,139		
13	SALE OF SCRAP, WASTE, ETC.				
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1			
15	LAUNDRY AND LINEN SERVICE				
16	CAFETERIA--EMPLOYEES AND GUESTS				
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS				
18	SALE OF MED AND SURG SUPPLIES				
19	SALE OF DRUGS TO OTHER THAN PATIENTS				
20	SALE OF MEDICAL RECORDS & ABSTRACTS	A	-990	MEDICAL RECORDS & LIBRARY	17
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)				
22	VENDING MACHINES				
23	INCOME FROM IMPOSITION OF INTEREST				
24	INTRST EXP ON MEDICARE OVERPAYMENTS				
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20
34	PHYSICIANS' ASSISTANT				
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52
37	TELEVISION	A	-1,804	OPERATION OF PLANT	8
38	OTHER OPERATING REVENUE	B	-36,725	ADMINISTRATIVE & GENERAL	6
39	OTHER NON OPERATING REVENUE	B	-26,707	ADMINISTRATIVE & GENERAL	6
40	ACCOUNTS PAYABLE DISCOUNT	B	-3,613	ADMINISTRATIVE & GENERAL	6
41	PHARMACY REBATES	B	-4,754	DRUGS CHARGED TO PATIENTS	56
42	PURCHASING REBATES	B	-2,283	MEDICAL SUPPLIES CHARGED	55
43	DIETARY REVENUE	B	-66,042	CAFETERIA	12
44	AMBULANCE SERVICE	B	-6,705	AMBULANCE SERVICES	65
45	OTHER ADJUSTMENTS (SPECIFY)				
46	LOBBYING EXPENSE	A	-10,203	ADMINISTRATIVE & GENERAL	6
47	CRNA EXPENSES	A	-79,100	ANESTHESIOLOGY	40
48					
49	COMMUNITY OUTREACH	A	-5,310	ADMINISTRATIVE & GENERAL	6
49.01	PATIENT TV DEPRECIATION	A	-2,515	NEW CAP REL COSTS-MVBLE E	4
49.02	PATIENT PHONE SALARY	A	-789	ADMINISTRATIVE & GENERAL	6
49.03	PATIENT PHONE BENEFITS	A	-214	EMPLOYEE BENEFITS	5
49.04	PATIENT PHONE DEPRECIATION	A	-2,065	NEW CAP REL COSTS-MVBLE E	4
49.05					
49.06					
49.07					
50	TOTAL (SUM OF LINES 1 THRU 49)		-632,328		

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

 I PROVIDER NO:
 I 14-1323
 I

 I PERIOD:
 I FROM 4/ 1/2009
 I TO 3/31/2010

 I PREPARED 8/16/2010
 I WORKSHEET A-8-2
 I GROUP 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	44	LABORATORY	13,000		13,000				
3	53	EKG	86,024	86,024					
4	61	EMERGENCY	413,521		413,521				
5	25	HOSPITALIST	88,094	88,094					
6	53	CARDIAC REHAB	13,800		13,800				
7	53	SLEEP LAB	43,176		43,176				
8	61	ER MALPRACTICE	134,496	78,021	56,475				
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	792,111	252,139	539,972				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1323	I FROM 4/ 1/2009	I 8/16/2010
I	I TO 3/31/2010	I WORKSHEET A-8-2
		I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LABORATORY							
3 53	EKG							86,024
4 61	EMERGENCY							
5 25	HOSPITALIST							88,094
6 53	CARDIAC REHAB							
7 53	SLEEP LAB							
8 61	ER MALPRACTICE							78,021
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							252,139

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 3/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG AMBULANCE	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG EKG	5	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-8	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	TIME	SPENT	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTE		ENTERED
14	NURSING ADMINISTRATION	16	NURSING	FTES	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	20	ASSIGNEDTI	IMES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-1323

I PERIOD:

I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG AM	NEW CAP REL C OSTS-BLDG EK	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	3	3.01	3.02	4	5	5a.00
003	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &	982,842	982,842					
003 01	NEW CAP REL COSTS-BLDG AM	24,000		24,000				
003 02	NEW CAP REL COSTS-BLDG EK	14,400			14,400			
004	NEW CAP REL COSTS-MVBLE E	1,016,295				1,016,295		
005	EMPLOYEE BENEFITS	2,454,667	4,870			4,757	2,464,294	
006	ADMINISTRATIVE & GENERAL	1,892,910	254,761			248,868	364,345	2,760,884
008	OPERATION OF PLANT	828,849	93,561			91,396	70,981	1,084,787
009	LAUNDRY & LINEN SERVICE	68,290	19,480			19,029	12,035	118,834
010	HOUSEKEEPING	317,034	7,173			7,007	80,195	411,409
011	DIETARY	246,148	23,450			22,907	47,189	339,694
012	CAFETERIA	107,287	9,812			9,585	33,137	159,821
014	NURSING ADMINISTRATION	499,664	4,078			3,984	153,115	660,841
017	MEDICAL RECORDS & LIBRARY	245,208	18,520		1,684	20,341	67,788	353,541
018	SOCIAL SERVICE	145,850	1,092			1,066	43,494	191,502
020	NONPHYSICIAN ANESTHETISTS							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,337,098	167,330			163,457	377,636	2,045,521
026	INTENSIVE CARE UNIT	194,145	12,583			12,292	61,112	280,132
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	369,619	93,776			91,606	85,882	640,883
040	ANESTHESIOLOGY	226,353						226,353
041	RADIOLOGY-DIAGNOSTIC	985,582	58,739			57,380	160,839	1,262,540
044	LABORATORY	957,311	15,270			14,916	132,123	1,119,620
049	RESPIRATORY THERAPY	383,899	14,550			14,213	86,292	498,954
050	PHYSICAL THERAPY	362,823	24,985			24,407	109,552	521,767
053	ELECTROCARDIOLOGY	186,781	9,212		12,716	25,989	36,522	271,220
055	MEDICAL SUPPLIES CHARGED	215,694	16,577			16,193	20,607	269,071
056	DRUGS CHARGED TO PATIENTS	633,363	7,029			6,866	64,605	711,863
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,157,102	70,362			68,734	188,679	1,484,877
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	694,819	53,605			52,365	121,035	921,824
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	492,248		24,000		36,957	134,323	687,528
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	17,040,281	980,815	24,000	14,400	1,014,315	2,451,486	17,023,466
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		2,027			1,980		4,007
098	PHYSICIANS' PRIVATE OFFIC	115,333					12,808	128,141
098 01	PROMOTION	35,803						35,803
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	17,191,417	982,842	24,000	14,400	1,016,295	2,464,294	17,191,417

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B
 I I TO 3/31/2010 I PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG EK							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	2,760,884						
008	OPERATION OF PLANT	207,544	1,292,331					
009	LAUNDRY & LINEN SERVICE	22,736	39,836	181,406				
010	HOUSEKEEPING	78,712	14,669		504,790			
011	DIETARY	64,991	47,955	1,052	9,541	463,233		
012	CAFETERIA	30,577	20,065		10,113		220,576	
014	NURSING ADMINISTRATION	126,433	8,340				11,422	807,036
017	MEDICAL RECORDS & LIBRARY	67,640	42,583		3,316		11,097	
018	SOCIAL SERVICE	36,639	2,232				3,813	26,390
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	391,358	342,185	118,713	227,643	422,860	55,339	382,986
	INTENSIVE CARE UNIT	53,595	25,731	2,069	16,865	9,132	2,910	20,095
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	122,615	191,771	12,194	5,393		10,265	71,035
040	ANESTHESIOLOGY	43,306						
041	RADIOLOGY-DIAGNOSTIC	241,552	120,120	4,149	26,348		18,163	
044	LABORATORY	214,208	31,226		20,398		19,229	
049	RESPIRATORY THERAPY	95,461	29,754	3,111	14,487		11,982	
050	PHYSICAL THERAPY	99,826	51,095	4,039	9,126		9,777	
053	ELECTROCARDIOLOGY	51,890	18,839	1,868	8,099		3,723	
055	MEDICAL SUPPLIES CHARGED	51,479	33,900				3,615	
056	DRUGS CHARGED TO PATIENTS	136,195	14,374		3,676		4,518	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	284,090	143,889	26,735	75,984		22,952	158,833
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC	176,365	109,622	1,551	54,742		10,428	
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	131,539		4,613			19,753	136,694
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,728,751	1,288,186	180,094	485,731	431,992	218,986	796,033
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	767	4,145					
098	PHYSICIANS' PRIVATE OFFIC	24,516		1,312	19,059	31,241	1,590	11,003
098	01 PROMOTION	6,850						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,760,884	1,292,331	181,406	504,790	463,233	220,576	807,036

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		17	18	20	25	26	27
003	GENERAL SERVICE COST CNTR						
003	01 NEW CAP REL COSTS-BLDG &						
003	02 NEW CAP REL COSTS-BLDG AM						
004	02 NEW CAP REL COSTS-BLDG EK						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
017	NURSING ADMINISTRATION						
018	MEDICAL RECORDS & LIBRARY	478,177					
020	SOCIAL SERVICE		260,576				
025	NONPHYSICIAN ANESTHETISTS						
026	INPAT ROUTINE SRVC CNTRS						
037	ADULTS & PEDIATRICS	187,031	245,806		4,419,442	-19,407	4,400,035
040	INTENSIVE CARE UNIT	9,668	12,660		432,857	-8,863	423,994
041	ANCILLARY SRVC COST CNTRS						
044	OPERATING ROOM	33,093			1,087,249		1,087,249
049	ANESTHESIOLOGY				269,659		269,659
050	RADIOLOGY-DIAGNOSTIC				1,672,872		1,672,872
053	LABORATORY	66,930			1,471,611	29,079	1,500,690
055	RESPIRATORY THERAPY	66,930			720,679		720,679
056	PHYSICAL THERAPY				695,630		695,630
061	ELECTROCARDIOLOGY				355,639		355,639
062	MEDICAL SUPPLIES CHARGED				358,065		358,065
063	DRUGS CHARGED TO PATIENTS				870,626		870,626
065	OUTPAT SERVICE COST CNTRS						
066	EMERGENCY	114,525	2,110		2,313,995	-809	2,313,186
067	OBSERVATION BEDS (NON-DIS						
068	OTHER OUTPATIENT SERVICE						
069	50 RURAL HEALTH CLINIC				1,274,532		1,274,532
070	OTHER REIMBURS COST CNTRS						
071	AMBULANCE SERVICES				980,127		980,127
072	SPEC PURPOSE COST CENTERS						
073	SUBTOTALS	478,177	260,576		16,922,983		16,922,983
074	NONREIMBURS COST CENTERS						
075	GIFT, FLOWER, COFFEE SHOP				8,919		8,919
076	PHYSICIANS' PRIVATE OFFIC				216,862		216,862
077	01 PROMOTION				42,653		42,653
078	NONPAID WORKERS						
079	CROSS FOOT ADJUSTMENT						
080	NEGATIVE COST CENTER						
081	TOTAL	478,177	260,576		17,191,417		17,191,417

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-1323I PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET B
I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG AM 3.01	NEW CAP REL C OSTS-BLDG EK 3.02	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG AM							
004 NEW CAP REL COSTS-BLDG EK							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,870			4,757	9,627	9,627
006 ADMINISTRATIVE & GENERAL		254,761			248,868	503,629	1,424
008 OPERATION OF PLANT		93,561			91,396	184,957	277
009 LAUNDRY & LINEN SERVICE		19,480			19,029	38,509	47
010 HOUSEKEEPING		7,173			7,007	14,180	313
011 DIETARY		23,450			22,907	46,357	184
012 CAFETERIA		9,812			9,585	19,397	129
014 NURSING ADMINISTRATION		4,078			3,984	8,062	598
017 MEDICAL RECORDS & LIBRARY		18,520		1,684	20,341	40,545	265
018 SOCIAL SERVICE		1,092			1,066	2,158	170
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		167,330			163,457	330,787	1,475
026 INTENSIVE CARE UNIT		12,583			12,292	24,875	239
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		93,776			91,606	185,382	336
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC		58,739			57,380	116,119	628
044 LABORATORY		15,270			14,916	30,186	516
049 RESPIRATORY THERAPY		14,550			14,213	28,763	337
050 PHYSICAL THERAPY		24,985			24,407	49,392	428
053 ELECTROCARDIOLOGY		9,212		12,716	25,989	47,917	143
055 MEDICAL SUPPLIES CHARGED		16,577			16,193	32,770	81
056 DRUGS CHARGED TO PATIENTS		7,029			6,866	13,895	252
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		70,362			68,734	139,096	737
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC		53,605			52,365	105,970	473
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			24,000		36,957	60,957	525
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		980,815	24,000	14,400	1,014,315	2,033,530	9,577
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,027			1,980	4,007	
098 PHYSICIANS' PRIVATE OFFIC							50
098 01 PROMOTION							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		982,842	24,000	14,400	1,016,295	2,037,537	9,627

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-1323

I PERIOD:

I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET B
I PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG EK							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	505,053						
008	OPERATION OF PLANT	37,966	223,200					
009	LAUNDRY & LINEN SERVICE	4,159	6,880	49,595				
010	HOUSEKEEPING	14,399	2,533		31,425			
011	DIETARY	11,889	8,282	288	594	67,594		
012	CAFETERIA	5,594	3,465		630		29,215	
014	NURSING ADMINISTRATION	23,129	1,440				1,513	34,742
017	MEDICAL RECORDS & LIBRARY	12,374	7,355		206		1,470	
018	SOCIAL SERVICE	6,702	386				505	1,136
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	71,591	59,099	32,454	14,172	61,702	7,329	16,486
026	INTENSIVE CARE UNIT	9,804	4,444	566	1,050	1,333	385	865
037	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	22,430	33,121	3,334	336		1,360	3,058
040	ANESTHESIOLOGY	7,922						
041	RADIOLOGY-DIAGNOSTIC	44,188	20,746	1,134	1,640		2,406	
044	LABORATORY	39,186	5,393		1,270		2,547	
049	RESPIRATORY THERAPY	17,463	5,139	851	902		1,587	
050	PHYSICAL THERAPY	18,261	8,825	1,104	568		1,295	
053	ELECTROCARDIOLOGY	9,492	3,254	511	504		493	
055	MEDICAL SUPPLIES CHARGED	9,417	5,855				479	
056	DRUGS CHARGED TO PATIENTS	24,914	2,483		229		598	
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	51,969	24,851	7,309	4,730		3,040	6,838
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC	32,263	18,933	424	3,408		1,381	
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	24,063		1,261			2,616	5,885
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	499,175	222,484	49,236	30,239	63,035	29,004	34,268
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	140	716					
098	PHYSICIANS' PRIVATE OFFIC	4,485		359	1,186	4,559	211	474
098	01 PROMOTION	1,253						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	505,053	223,200	49,595	31,425	67,594	29,215	34,742

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	20	25	26	27
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-BLDG AM						
003	02 NEW CAP REL COSTS-BLDG EK						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
017	MEDICAL RECORDS & LIBRARY	62,215					
018	SOCIAL SERVICE		11,057				
020	NONPHYSICIAN ANESTHETISTS						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	24,334	10,430		629,859		629,859
026	INTENSIVE CARE UNIT	1,258	537		45,356		45,356
037	ANCILLARY SRVC COST CNTRS						
040	OPERATING ROOM	4,306			253,663		253,663
041	ANESTHESIOLOGY				7,922		7,922
044	RADIOLOGY-DIAGNOSTIC				186,861		186,861
049	LABORATORY	8,708			87,806		87,806
050	RESPIRATORY THERAPY	8,708			63,750		63,750
053	PHYSICAL THERAPY				79,873		79,873
055	ELECTROCARDIOLOGY				62,314		62,314
056	MEDICAL SUPPLIES CHARGED				48,602		48,602
	DRUGS CHARGED TO PATIENTS				42,371		42,371
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	14,901	90		253,561		253,561
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE						
063	50 RURAL HEALTH CLINIC				162,852		162,852
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES				95,307		95,307
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	62,215	11,057		2,020,097		2,020,097
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				4,863		4,863
098	PHYSICIANS' PRIVATE OFFIC				11,324		11,324
098	01 PROMOTION				1,253		1,253
099	NONPAID WORKERS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	62,215	11,057		2,037,537		2,037,537

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B-1
 I I TO 3/31/2010 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG AM	NEW CAP REL C OSTS-BLDG EK	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	GROSS SALARIES	RECONCIL- IATION
		(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(
		3	3.01	3.02	4	5		6a.00
003	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD	81,938						
003 01	NEW CAP REL COSTS-BLD		3,154					
003 02	NEW CAP REL COSTS-BLD			1,642				
004	NEW CAP REL COSTS-MVB				86,734			
005	EMPLOYEE BENEFITS	406			406	7,828,686		
006	ADMINISTRATIVE & GENE	21,239			21,239	1,157,471		-2,760,884
008	OPERATION OF PLANT	7,800			7,800	225,496		
009	LAUNDRY & LINEN SERVI	1,624			1,624	38,232		
010	HOUSEKEEPING	598			598	254,768		
011	DIETARY	1,955			1,955	149,911		
012	CAFETERIA	818			818	105,272		
014	NURSING ADMINISTRATIO	340			340	486,423		
017	MEDICAL RECORDS & LIB	1,544		192	1,736	215,352		
018	SOCIAL SERVICE	91			91	138,173		
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	13,950			13,950	1,199,687		
026	INTENSIVE CARE UNIT	1,049			1,049	194,145		
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	7,818			7,818	272,833		
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	4,897			4,897	510,961		
044	LABORATORY	1,273			1,273	419,735		
049	RESPIRATORY THERAPY	1,213			1,213	274,137		
050	PHYSICAL THERAPY	2,083			2,083	348,029		
053	ELECTROCARDIOLOGY	768		1,450	2,218	116,024		
055	MEDICAL SUPPLIES CHAR	1,382			1,382	65,465		
056	DRUGS CHARGED TO PATI	586			586	205,242		
	OUTPAT SERVICE COST C							
061	EMERGENCY	5,866			5,866	599,406		
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV							
063 50	RURAL HEALTH CLINIC	4,469			4,469	384,510		
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES		3,154		3,154	426,725		
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	81,769	3,154	1,642	86,565	7,787,997		-2,760,884
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	169			169			
098	PHYSICIANS' PRIVATE O					40,689		
098 01	PROMOTION							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	982,842	24,000	14,400	1,016,295	2,464,294		
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER	11.994947		8.769793		.314777		
	(WRKSHT B, PT I)		7.609385		11.717377			
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED					9,627		
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER					.001230		
	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET B-1
 I I TO 3/31/2010 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(TIME SPENT)	(MEALS SERVED)	(FTE)	(NURSING FTES)	
6	8	9	10	11	12	14	
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	14,430,533						
008 OPERATION OF PLANT	1,084,787	52,685					
009 LAUNDRY & LINEN SERVICE	118,834	1,624	87,225				
010 HOUSEKEEPING	411,409	598		176,449			
011 DIETARY	339,694	1,955	506	3,335	28,914		
012 CAFETERIA	159,821	818		3,535		12,205	
014 NURSING ADMINISTRATION	660,841	340				632	134,221
017 MEDICAL RECORDS & LIB	353,541	1,736		1,159		614	
018 SOCIAL SERVICE	191,502	91				211	4,389
020 NONPHYSICIAN ANESTHETIC							
025 INPAT ROUTINE SRVC CN	2,045,521	13,950	57,080	79,573	26,394	3,062	63,696
026 ADULTS & PEDIATRICS	280,132	1,049	995	5,895	570	161	3,342
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM	640,883	7,818	5,863	1,885		568	11,814
041 ANESTHESIOLOGY	226,353						
044 RADIOLOGY-DIAGNOSTIC	1,262,540	4,897	1,995	9,210		1,005	
049 LABORATORY	1,119,620	1,273		7,130		1,064	
050 RESPIRATORY THERAPY	498,954	1,213	1,496	5,064		663	
053 PHYSICAL THERAPY	521,767	2,083	1,942	3,190		541	
055 ELECTROCARDIOLOGY	271,220	768	898	2,831		206	
056 MEDICAL SUPPLIES CHAR	269,071	1,382				200	
061 DRUGS CHARGED TO PATI	711,863	586		1,285		250	
062 OUTPAT SERVICE COST C							
062 EMERGENCY	1,484,877	5,866	12,855	26,560		1,270	26,416
063 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC	921,824	4,469	746	19,135		577	
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	687,528		2,218			1,093	22,734
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	14,262,582	52,516	86,594	169,787	26,964	12,117	132,391
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE	4,007	169					
098 01 PHYSICIANS' PRIVATE O	128,141		631	6,662	1,950	88	1,830
098 PROMOTION	35,803						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,760,884	1,292,331	181,406	504,790	463,233	220,576	807,036
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		24.529392		2.860827		18.072593	
105 (WRKSHT B, PT I)	.191322		2.079748		16.021062		6.012740
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)	505,053	223,200	49,595	31,425	67,594	29,215	34,742
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.034999	4.236500	.568587	.178097	2.337760	2.393691	.258842
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
		(TIME SPENT	(ASSIGNED TI)IMES	(ASSIGNED) TIME)
		17	18	20
GENERAL SERVICE COST				
003	NEW CAP REL COSTS-BLD			
003 01	NEW CAP REL COSTS-BLD			
003 02	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
017	MEDICAL RECORDS & LIB	1,286		
018	SOCIAL SERVICE		247	
020	NONPHYSICIAN ANESTHET			
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	503	233	
026	INTENSIVE CARE UNIT	26	12	
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	89		
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC			
044	LABORATORY	180		
049	RESPIRATORY THERAPY	180		
050	PHYSICAL THERAPY			
053	ELECTROCARDIOLOGY			
055	MEDICAL SUPPLIES CHAR			
056	DRUGS CHARGED TO PATI			
	OUTPAT SERVICE COST C			
061	EMERGENCY	308	2	
062	OBSERVATION BEDS (NON			
063	OTHER OUTPATIENT SERV			
063 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	1,286	247	
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O			
098 01	PROMOTION			
099	NONPAID WORKERS			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	478,177	260,576	
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		1,054.963563	
	(WRKSHT B, PT I)	371.832815		
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	62,215	11,057	
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		44.765182	
	(WRKSHT B, PT III)	48.378694		

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 14-1323
II PERIOD:
I FROM 4/ 1/2009 I
I TO 3/31/2010 I PREPARED 8/16/2010
I WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 BLOOD ADMINISTRATION	1	44	29,079
6 BLOOD ADMINISTRATION	1	25	-19,407
7 BLOOD ADMINISTRATION	1	61	-809
8 BLOOD ADMINISTRATION	1	26	-8,863

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET C
 I I TO 3/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,400,035		4,400,035		
26	INTENSIVE CARE UNIT	423,994		423,994		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,087,249		1,087,249		
40	ANESTHESIOLOGY	269,659		269,659		
41	RADIOLOGY-DIAGNOSTIC	1,672,872		1,672,872		
44	LABORATORY	1,500,690		1,500,690		
49	RESPIRATORY THERAPY	720,679		720,679		
50	PHYSICAL THERAPY	695,630		695,630		
53	ELECTROCARDIOLOGY	355,639		355,639		
55	MEDICAL SUPPLIES CHARGED	358,065		358,065		
56	DRUGS CHARGED TO PATIENTS	870,626		870,626		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,313,186		2,313,186		
62	OBSERVATION BEDS (NON-DIS	440,619		440,619		
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC	1,274,532		1,274,532		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	980,127		980,127		
101	SUBTOTAL	17,363,602		17,363,602		
102	LESS OBSERVATION BEDS	440,619		440,619		
103	TOTAL	16,922,983		16,922,983		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I
I
IPROVIDER NO:
14-1323I PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,600,416		2,600,416			
26	INTENSIVE CARE UNIT	163,000		163,000			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,528	3,272,769	3,297,297	.329739	.329739	
40	ANESTHESIOLOGY	5,913	272,178	278,091	.969679	.969679	
41	RADIOLOGY-DIAGNOSTIC	1,257,467	11,242,084	12,499,551	.133835	.133835	
44	LABORATORY	1,275,672	4,346,030	5,621,702	.266946	.266946	
49	RESPIRATORY THERAPY	481,921	173,954	655,875	1.098805	1.098805	
50	PHYSICAL THERAPY	119,344	701,985	821,329	.846957	.846957	
53	ELECTROCARDIOLOGY	371,362	1,455,763	1,827,125	.194644	.194644	
55	MEDICAL SUPPLIES CHARGED	23,670	162,405	186,075	1.924305	1.924305	
56	DRUGS CHARGED TO PATIENTS	1,454,717	1,256,187	2,710,904	.321157	.321157	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	84,247	4,060,483	4,144,730	.558103	.558103	
62	OBSERVATION BEDS (NON-DIS	5,869	233,433	239,302	1.841268	1.841268	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		695,640	695,640	1.832172	1.832172	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	51,350	1,615,934	1,667,284	.587858	.587858	
101	SUBTOTAL	7,919,476	29,488,845	37,408,321			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,919,476	29,488,845	37,408,321			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI
I
IPROVIDER NO:
14-1323I PERIOD:
I FROM 4/ 1/2009
I TO 3/31/2010I PREPARED 8/16/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,400,035		4,400,035		
26	INTENSIVE CARE UNIT	423,994		423,994		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,087,249		1,087,249		
40	ANESTHESIOLOGY	269,659		269,659		
41	RADIOLOGY-DIAGNOSTIC	1,672,872		1,672,872		
44	LABORATORY	1,500,690		1,500,690		
49	RESPIRATORY THERAPY	720,679		720,679		
50	PHYSICAL THERAPY	695,630		695,630		
53	ELECTROCARDIOLOGY	355,639		355,639		
55	MEDICAL SUPPLIES CHARGED	358,065		358,065		
56	DRUGS CHARGED TO PATIENTS	870,626		870,626		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,313,186		2,313,186		
62	OBSERVATION BEDS (NON-DIS	440,619		440,619		
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC	1,274,532		1,274,532		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	980,127		980,127		
101	SUBTOTAL	17,363,602		17,363,602		
102	LESS OBSERVATION BEDS	440,619		440,619		
103	TOTAL	16,922,983		16,922,983		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 8/16/2010
 I 14-1323 I FROM 4/ 1/2009 I WORKSHEET C
 I I TO 3/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,600,416		2,600,416			
26	INTENSIVE CARE UNIT	163,000		163,000			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	24,528	3,272,769	3,297,297	.329739	.329739	
40	ANESTHESIOLOGY	5,913	272,178	278,091	.969679	.969679	
41	RADIOLOGY-DIAGNOSTIC	1,257,467	11,242,084	12,499,551	.133835	.133835	
44	LABORATORY	1,275,672	4,346,030	5,621,702	.266946	.266946	
49	RESPIRATORY THERAPY	481,921	173,954	655,875	1.098805	1.098805	
50	PHYSICAL THERAPY	119,344	701,985	821,329	.846957	.846957	
53	ELECTROCARDIOLOGY	371,362	1,455,763	1,827,125	.194644	.194644	
55	MEDICAL SUPPLIES CHARGED	23,670	162,405	186,075	1.924305	1.924305	
56	DRUGS CHARGED TO PATIENTS	1,454,717	1,256,187	2,710,904	.321157	.321157	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	84,247	4,060,483	4,144,730	.558103	.558103	
62	OBSERVATION BEDS (NON-DIS	5,869	233,433	239,302	1.841268	1.841268	
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC		695,640	695,640	1.832172	1.832172	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	51,350	1,615,934	1,667,284	.587858	.587858	
101	SUBTOTAL	7,919,476	29,488,845	37,408,321			
102	LESS OBSERVATION BEDS						
103	TOTAL	7,919,476	29,488,845	37,408,321			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,087,249	253,663	833,586			1,087,249
41	ANESTHESIOLOGY	269,659	7,922	261,737			269,659
44	RADIOLOGY-DIAGNOSTIC	1,672,872	186,861	1,486,011			1,672,872
49	LABORATORY	1,500,690	87,806	1,412,884			1,500,690
50	RESPIRATORY THERAPY	720,679	63,750	656,929			720,679
53	PHYSICAL THERAPY	695,630	79,873	615,757			695,630
55	ELECTROCARDIOLOGY	355,639	62,314	293,325			355,639
56	MEDICAL SUPPLIES CHARGED	358,065	48,602	309,463			358,065
	DRUGS CHARGED TO PATIENTS	870,626	42,371	828,255			870,626
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,313,186	253,561	2,059,625			2,313,186
62	OBSERVATION BEDS (NON-DIS	440,619		440,619			440,619
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC	1,274,532	162,852	1,111,680			1,274,532
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	980,127	95,307	884,820			980,127
101	SUBTOTAL	12,539,573	1,344,882	11,194,691			12,539,573
102	LESS OBSERVATION BEDS	440,619		440,619			440,619
103	TOTAL	12,098,954	1,344,882	10,754,072			12,098,954

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,297,297	.329739	.329739
40	ANESTHESIOLOGY	278,091	.969679	.969679
41	RADIOLOGY-DIAGNOSTIC	12,499,551	.133835	.133835
44	LABORATORY	5,621,702	.266946	.266946
49	RESPIRATORY THERAPY	655,875	1.098805	1.098805
50	PHYSICAL THERAPY	821,329	.846957	.846957
53	ELECTROCARDIOLOGY	1,827,125	.194644	.194644
55	MEDICAL SUPPLIES CHARGED	186,075	1.924305	1.924305
56	DRUGS CHARGED TO PATIENTS	2,710,904	.321157	.321157
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,144,730	.558103	.558103
62	OBSERVATION BEDS (NON-DIS	239,302	1.841268	1.841268
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	695,640	1.832172	1.832172
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,667,284	.587858	.587858
101	SUBTOTAL	34,644,905		
102	LESS OBSERVATION BEDS	239,302		
103	TOTAL	34,405,603		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,087,249	253,663	833,586			1,087,249
41	ANESTHESIOLOGY	269,659	7,922	261,737			269,659
44	RADIOLOGY-DIAGNOSTIC	1,672,872	186,861	1,486,011			1,672,872
49	LABORATORY	1,500,690	87,806	1,412,884			1,500,690
50	RESPIRATORY THERAPY	720,679	63,750	656,929			720,679
53	PHYSICAL THERAPY	695,630	79,873	615,757			695,630
55	ELECTROCARDIOLOGY	355,639	62,314	293,325			355,639
56	MEDICAL SUPPLIES CHARGED	358,065	48,602	309,463			358,065
	DRUGS CHARGED TO PATIENTS	870,626	42,371	828,255			870,626
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	2,313,186	253,561	2,059,625			2,313,186
63	OBSERVATION BEDS (NON-DIS	440,619		440,619			440,619
63	OTHER OUTPATIENT SERVICE						
50	RURAL HEALTH CLINIC	1,274,532	162,852	1,111,680			1,274,532
65	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES	980,127	95,307	884,820			980,127
102	SUBTOTAL	12,539,573	1,344,882	11,194,691			12,539,573
103	LESS OBSERVATION BEDS	440,619		440,619			440,619
103	TOTAL	12,098,954	1,344,882	10,754,072			12,098,954

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,297,297	.329739	.329739
40	ANESTHESIOLOGY	278,091	.969679	.969679
41	RADIOLOGY-DIAGNOSTIC	12,499,551	.133835	.133835
44	LABORATORY	5,621,702	.266946	.266946
49	RESPIRATORY THERAPY	655,875	1.098805	1.098805
50	PHYSICAL THERAPY	821,329	.846957	.846957
53	ELECTROCARDIOLOGY	1,827,125	.194644	.194644
55	MEDICAL SUPPLIES CHARGED	186,075	1.924305	1.924305
56	DRUGS CHARGED TO PATIENTS	2,710,904	.321157	.321157
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,144,730	.558103	.558103
62	OBSERVATION BEDS (NON-DIS	239,302	1.841268	1.841268
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	695,640	1.832172	1.832172
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,667,284	.587858	.587858
101	SUBTOTAL	34,644,905		
102	LESS OBSERVATION BEDS	239,302		
103	TOTAL	34,405,603		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/16/2010
I	14-1323	I	FROM 4/ 1/2009	I	WORKSHEET C	
I		I	TO 3/31/2010	I	PART III	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	1,087,249	3,297,297			
40	ANESTHESIOLOGY	269,659	278,091			
41	RADIOLOGY-DIAGNOSTIC	1,672,872	12,499,551			
44	LABORATORY	1,500,690	5,621,702			
49	RESPIRATORY THERAPY	720,679	655,875			
50	PHYSICAL THERAPY	695,630	821,329			
53	ELECTROCARDIOLOGY	355,639	1,827,125			
55	MEDICAL SUPPLIES CHARGED	358,065	186,075			
56	DRUGS CHARGED TO PATIENTS	870,626	2,710,904			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,313,186	4,144,730			
62	OBSERVATION BEDS (NON-DIS	440,619	239,302			
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,274,532	695,640			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	980,127	1,667,284			
101	TOTAL	12,539,573	34,644,905			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO:	I PERIOD:	I PREPARED	8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET C	
I	I TO 3/31/2010	I PART V	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,087,249		1,087,249	3,297,297			
40	ANESTHESIOLOGY	269,659		269,659	278,091			
41	RADIOLOGY-DIAGNOSTIC	1,672,872		1,672,872	12,499,551			
44	LABORATORY	1,500,690		1,500,690	5,621,702			
49	RESPIRATORY THERAPY	720,679		720,679	655,875			
50	PHYSICAL THERAPY	695,630		695,630	821,329			
53	ELECTROCARDIOLOGY	355,639	86,024	441,663	1,827,125			
55	MEDICAL SUPPLIES CHARGED	358,065		358,065	186,075			
56	DRUGS CHARGED TO PATIENTS	870,626		870,626	2,710,904			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,313,186	78,021	2,391,207	4,144,730			
62	OBSERVATION BEDS (NON-DIS	440,619		440,619	239,302			
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	980,127		980,127	1,667,284			
101	TOTAL	11,265,041	164,045	11,429,086	33,949,265			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.329739		.329739		
40	ANESTHESIOLOGY	.969679		.969679		
41	RADIOLOGY-DIAGNOSTIC	.133835		.133835		
44	LABORATORY	.266946		.266946		
49	RESPIRATORY THERAPY	1.098805		1.098805		
50	PHYSICAL THERAPY	.846957		.846957		
53	ELECTROCARDIOLOGY	.194644		.194644		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.924305		1.924305		
56	DRUGS CHARGED TO PATIENTS	.321157		.321157		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.558103		.558103		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.841268		1.841268		
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	50 RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.587858		.587858		
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,401,980			
40	ANESTHESIOLOGY		55,380			
41	RADIOLOGY-DIAGNOSTIC		3,894,187			
44	LABORATORY		1,546,754			
49	RESPIRATORY THERAPY		138,552			
50	PHYSICAL THERAPY		210,621			
53	ELECTROCARDIOLOGY		570,803			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		83,595			
56	DRUGS CHARGED TO PATIENTS		760,001			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,119,928			
62	OBSERVATION BEDS (NON-DISTINCT PART)		138,430			
63	OTHER OUTPATIENT SERVICE COST CENTER					
63 50	RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		9,920,231			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		9,920,231			

TITLE XVIII, PART B

HOSPITAL

All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	462,287		
40 ANESTHESIOLOGY	53,701		
41 RADIOLOGY-DIAGNOSTIC	521,179		
44 LABORATORY	412,900		
49 RESPIRATORY THERAPY	152,242		
50 PHYSICAL THERAPY	178,387		
53 ELECTROCARDIOLOGY	111,103		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	160,862		
56 DRUGS CHARGED TO PATIENTS	244,080		
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	625,035		
62 OBSERVATION BEDS (NON-DISTINCT PART)	254,887		
63 OTHER OUTPATIENT SERVICE COST CENTER			
63 50 RURAL HEALTH CLINIC			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	3,176,663		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	3,176,663		

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/16/2010
I	14-1323	I	FROM 4/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 3/31/2010	I	PART I
I	14-1323	I		I	

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,628
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,084
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,084
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	338
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	201
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	5
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	2,643
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	328
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	201
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	100.00
	DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	100.00
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,400,035
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	500
	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	513,445
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,886,590

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,221,294
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,221,294
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.749696
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	543.90
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	3,886,590
	COST DIFFERENTIAL	

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	951.66
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,515,237
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,515,237

PASS THROUGH COST ADJUSTMENTS

TARGET AMOUNT AND LIMIT COMPUTATION

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	312,144
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	191,284
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	503,428
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,628
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,084
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,084
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	338
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	201
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	5
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	331
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	100.00
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	100.00
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,400,035
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	500
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	513,445
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,886,590

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,221,294
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,221,294
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.749696
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	543.90
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,886,590

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 951.66
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 314,999
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 314,999

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	423,994	190	2,231.55	13	29,010
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					344,009

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 8/16/2010
I	14-1323	I	FROM 4/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 3/31/2010	I	
I	14-1323	I		I	

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,683,380	
	INTENSIVE CARE UNIT		113,000	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.329739	6,424	2,118
40	ANESTHESIOLOGY	.969679		
41	RADIOLOGY-DIAGNOSTIC	.133835	717,441	96,019
44	LABORATORY	.266946	844,520	225,441
49	RESPIRATORY THERAPY	1.098805	321,393	353,148
50	PHYSICAL THERAPY	.846957	31,534	26,708
53	ELECTROCARDIOLOGY	.194644	245,393	47,764
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.924305	18,234	35,088
56	DRUGS CHARGED TO PATIENTS	.321157	951,773	305,669
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.558103	2,783	1,553
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.841268		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		3,139,495	1,093,508
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		3,139,495	

TITLE XVIII, PART A	SWING BED SNF	OTHER
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WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.329739		
40	ANESTHESIOLOGY	.969679		
41	RADIOLOGY-DIAGNOSTIC	.133835	23,124	3,095
44	LABORATORY	.266946	64,900	17,325
49	RESPIRATORY THERAPY	1.098805	32,955	36,211
50	PHYSICAL THERAPY	.846957	85,895	72,749
53	ELECTROCARDIOLOGY	.194644	3,295	641
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.924305	1,734	3,337
56	DRUGS CHARGED TO PATIENTS	.321157	114,479	36,766
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.558103		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.841268		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		326,382	170,124
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		326,382	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 3/31/2010	I PART B
I 14-1323	I	I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,176,663
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,176,663
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,208,430
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	33,311
18.01	CAH ACTUAL BILLED COINSURANCE	1,665,444
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,509,675
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,509,675
24	PRIMARY PAYER PAYMENTS	970
25	SUBTOTAL	1,508,705
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,508,705
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,508,705
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,742,845
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-234,140
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		3,590,466 NONE		1,651,849 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	10/20/2009	302,835	10/20/2009	90,996
ADJUSTMENTS TO PROVIDER .02	3/31/2010	528,440		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	10/20/2009	98,797		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		732,478		90,996
4 TOTAL INTERIM PAYMENTS		4,322,944		1,742,845
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		260,859		234,140
7 TOTAL MEDICARE PROGRAM LIABILITY		4,062,085		1,508,705

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 3/31/2010	
I 14-2323	I	I

TITLE XVIII

SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		635,251		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	11/ 2/2009	42,701		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		42,701		NONE
4 TOTAL INTERIM PAYMENTS		677,952		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		1,989		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		675,963		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	508,462	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	171,825	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	529	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	680,287	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	680,287	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	680,287	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	4,324	
14	80% OF PART B COSTS		
15	SUBTOTAL	675,963	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	675,963	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	677,952	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-1,989	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 3/31/2010	I PART II
I 14-1323	I	I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	3,863,142
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,863,142
5	PRIMARY PAYER PAYMENTS	3,414
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,898,325

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,898,325
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	465,517
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,432,808
23	COINSURANCE	11,131
24	SUBTOTAL	3,421,677
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	640,408
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	640,408
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	4,062,085
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,062,085
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,322,944
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-260,859
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
		FUND	PURPOSE	FUND	FUND
ASSETS			FUND		
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,253,692			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,969,271			
5	OTHER RECEIVABLES	94,085			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,742,000			
7	INVENTORY	317,414			
8	PREPAID EXPENSES	226,952			
9	OTHER CURRENT ASSETS	880,354			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	10,999,768			
FIXED ASSETS					
12	LAND	13,981			
12.01					
13	LAND IMPROVEMENTS	1,089,309			
13.01	LESS ACCUMULATED DEPRECIATION	-136,965			
14	BUILDINGS	17,821,687			
14.01	LESS ACCUMULATED DEPRECIATION	-4,277,676			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	7,678,523			
18.01	LESS ACCUMULATED DEPRECIATION	-5,599,440			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	16,589,419			
OTHER ASSETS					
22	INVESTMENTS	1,070,515			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	380,973			
26	TOTAL OTHER ASSETS	1,451,488			
27	TOTAL ASSETS	29,040,675			

BALANCE SHEET

I
I
IPROVIDER NO:
14-1323

I PERIOD:

I FROM 4/ 1/2009

I TO 3/31/2010

I PREPARED 8/16/2010

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,952,306			
29 SALARIES, WAGES & FEES PAYABLE	1,030,843			
30 PAYROLL TAXES PAYABLE	160,945			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	719,419			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	212,647			
36 TOTAL CURRENT LIABILITIES	4,076,160			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	12,848,789			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	12,848,789			
43 TOTAL LIABILITIES	16,924,949			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	12,115,726			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	12,115,726			
52 TOTAL LIABILITIES AND FUND BALANCES	29,040,675			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/16/2010
I	14-1323	I	FROM 4/ 1/2009	I	WORKSHEET	G-1
I		I	TO 3/31/2010	I		

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING		10,764,410
2 OF PERIOD		
3 NET INCOME (LOSS)		1,317,316
4 TOTAL		12,081,726
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7 CAPITAL GRANTS AND CONTRI	34,000	
8		
9		
10 TOTAL ADDITIONS		34,000
11 SUBTOTAL		12,115,726
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		12,115,726
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7 CAPITAL GRANTS AND CONTRI		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,221,294		2,221,294
4 00 SWING BED - SNF	222,690		222,690
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,443,984		2,443,984
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	346,000		346,000
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	346,000		346,000
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,789,984		2,789,984
17 00 ANCILLARY SERVICES	5,118,184	27,677,719	32,795,903
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		695,640	695,640
20 00 AMBULANCE SERVICES	51,350	1,615,934	1,667,284
24 00			
25 00 TOTAL PATIENT REVENUES	7,959,518	29,989,293	37,948,811

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,823,745
ADD (SPECIFY)		
27 00 BAD DEBT EXPENSE	1,896,877	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		1,896,877
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		19,720,622

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET G-3
I	I TO 3/31/2010	I

DESCRIPTION

1	TOTAL PATIENT REVENUES	37,948,811
2	LESS: ALLOWANCES AND DISCOUNTS ON	17,464,416
3	NET PATIENT REVENUES	20,484,395
4	LESS: TOTAL OPERATING EXPENSES	19,720,622
5	NET INCOME FROM SERVICE TO PATIENT	763,773
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	164,762
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	10,650
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	66,042
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	990
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	118,977
23	GOVERNMENTAL APPROPRIATIONS	170,023
24	GRANTS AND GIFTS	30,771
24.01	EDUCATION SERVICES	6,705
24.02	OTHER MISCELLANEOUS INCOME	89,946
25	TOTAL OTHER INCOME	658,866
26	TOTAL	1,422,639
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	SURG PROFESSIONAL SALARIES	47,511
29	LOSS ON DISPOSAL OF ASSETS	57,812
30	TOTAL OTHER EXPENSES	105,323
31	NET INCOME (OR LOSS) FOR THE PERIO	1,317,316

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET M-1
I COMPONENT NO:	I TO 3/31/2010	I
I 14-3478	I	I

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	167,689		167,689	
3 PHYSICIAN ASSISTANT	89,950		89,950	
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS				
11 SUBTOTAL (SUM OF LINES 1-9)	257,639		257,639	
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT		184,057	184,057	
14 PHYSICIAN SUPERVISION UNDER AGREEMENT				
15 OTHER COSTS UNDER AGREEMENT				
16 SUBTOTAL (SUM OF LINES 11-13)		184,057	184,057	
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES		24,454	24,454	
19 TRANSPORTATION (HEALTH CARE STAFF)		1,303	1,303	
20 DEPRECIATION-MEDICAL EQUIPMENT				
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS				
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)		25,757	25,757	
25 TOTAL COST OF HEALTH CARE SERVICES	257,639	209,814	467,453	
26 (SUM OF LINES 10, 14, AND 21)				
27 COSTS OTHER THAN RHC/FQHC SERVICES				
28 PHARMACY				
29 DENTAL				
30 OPTOMETRY				
31 ALL OTHER NONREIMBURSABLE COSTS				
32 NONALLOWABLE GME COSTS				
33 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
34 FACILITY OVERHEAD				
35 FACILITY COSTS				
36 ADMINISTRATIVE COSTS	126,871	30,270	157,141	70,225
37 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	126,871	30,270	157,141	70,225
38 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	384,510	240,084	624,594	70,225

RHC 1

RECLASSIFIED		NET EXPENSES
TRIAL		FOR
BALANCE	ADJUSTMENTS	ALLOCATION
5	6	7

1	FACILITY HEALTH CARE STAFF COSTS		
2	PHYSICIAN	167,689	167,689
3	PHYSICIAN ASSISTANT	89,950	89,950
4	NURSE PRACTITIONER		
5	VISITING NURSE		
6	OTHER NURSE		
7	CLINICAL PSYCHOLOGIST		
8	CLINICAL SOCIAL WORKER		
9	LABORATORY TECHNICIAN		
10	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	257,639	257,639
11	COSTS UNDER AGREEMENT		
12	PHYSICIAN SERVICES UNDER AGREEMENT	184,057	184,057
13	PHYSICIAN SUPERVISION UNDER AGREEMENT		
14	OTHER COSTS UNDER AGREEMENT		
14	SUBTOTAL (SUM OF LINES 11-13)	184,057	184,057
15	OTHER HEALTH CARE COSTS		
16	MEDICAL SUPPLIES	24,454	24,454
17	TRANSPORTATION (HEALTH CARE STAFF)	1,303	1,303
18	DEPRECIATION-MEDICAL EQUIPMENT		
19	PROFESSIONAL LIABILITY INSURANCE		
20	OTHER HEALTH CARE COSTS		
21	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	25,757	25,757
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	467,453	467,453
23	COSTS OTHER THAN RHC/FQHC SERVICES		
24	PHARMACY		
25	DENTAL		
26	OPTOMETRY		
27	ALL OTHER NONREIMBURSABLE COSTS		
28	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
29	FACILITY OVERHEAD		
30	FACILITY COSTS		
30	ADMINISTRATIVE COSTS	227,366	227,366
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	227,366	227,366
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	694,819	694,819

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1323	I FROM 4/ 1/2009	I 8/16/2010
I COMPONENT NO:	I TO 3/31/2010	I WORKSHEET M-2
I 14-3478	I	I

VISITS AND PRODUCTIVITY

RHC 1

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	.33	1,819	4,200	1,386
2 PHYSICIAN ASSISTANTS	.99	4,131	2,100	2,079
3 NURSE PRACTITIONERS	.40	1,790	2,100	840
4 SUBTOTAL (SUM OF LINES 1-3)	1.72	7,740		4,305
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.72	7,740		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	467,453			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	467,453			
13 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	227,366			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	579,713			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	807,079			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	807,079			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	807,079			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,274,532			
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	7,740			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	7,740			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT
FOR RHC/FQHC SERVICES

I PROVIDER NO:	I PERIOD:	I PREPARED 8/16/2010
I 14-1323	I FROM 4/ 1/2009	I WORKSHEET M-3
I COMPONENT NO:	I TO 3/31/2010	I
I 14-3478	I	I

TITLE XVIII

RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1,274,532
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	687
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	1,273,845
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	7,740
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	7,740
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	164.58

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	78.82	81.19
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	164.58	164.58
10 CALCULATION OF SETTLEMENT		
PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		748
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		123,106
12 PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13 PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14 LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15 GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16 TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		123,106
16.01 PRIMARY PAYER AMOUNT		
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		5,984
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		117,122
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		93,698
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		142
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		93,840
22 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23 OTHER ADJUSTMENTS (SPECIFY)		
24 NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		93,840
25 INTERIM PAYMENTS		67,155
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		26,685
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2		

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1323	I FROM 4/ 1/2009	I 8/16/2010
I COMPONENT NO:	I TO 3/31/2010	I WORKSHEET M-4
I 14-3478	I	I

TITLE XVIII

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	257,639	257,639	257,639	257,639
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME		.000039	.000893	
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)		10	230	
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)		12		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)		22	230	
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	467,453	467,453	467,453	467,453
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	807,079	807,079	807,079	807,079
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)		.000047	.000492	
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)		38	397	
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)		60	627	
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)		1	23	
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)		60.00	27.26	
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES		1	3	
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)		60	82	
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		687		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		142		

RHC 1

DESCRIPTION	P A R T		B
	MM/DD/YYYY	1	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			69,217
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			NONE
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50	10/20/2009		2,062
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99			-2,062
4 TOTAL INTERIM PAYMENTS			67,155
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99			NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01			26,685
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY			93,840

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.